

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10-030715**

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		2		2	
TOTAL DEP.		4		2		2
TOTAL CLAIMS			6		4	

  

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1389 (3-78)

MAY BE USED FOR APPROXIMATE

BEST AVAILABLE COPY